

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 2
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) OREGON RIGHT TO LIFE VICTORY PAC		FEC IDENTIFICATION NUMBER ▼ C C00592303
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee New Media NW [MEMO ITEM] estimated since invoice not yet received		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 17 / 2016	
Mailing Address PO Box 17727		Amount 162.90	
City Salem	State OR	Zip Code 97305	Transaction ID : WFT2016928178-1
Purpose of Expenditure email communications	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate KURT, SCHRADER, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Political Communications Advertising		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2016	
Mailing Address 37 West 39th St, Suite 602		Amount 5000.00	
City New York	State NY	Zip Code 10018	Transaction ID : WFT2016928172-1
Purpose of Expenditure TV Ad Placement	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 27 / 2016	
Name of Federal Candidate KURT, SCHRADER, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle, Atteberry, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2016

Signature

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Full Name of Payee Liberty, Pike, , , <input checked="" type="checkbox"/> Paid to Facebook on 10/28/16, not reimbursed yet.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 19 / 2016	
Mailing Address 16052 S. Springwater Rd		Amount 198.89	
City Oregon City	State OR	Zip Code 97045	Transaction ID : WFT20169281712-1 Date of Disbursement or Obligation MM / DD / YYYY 10 / 28 / 2016
Purpose of Expenditure Reimbursement for Facebook ads		Category/Type	
Name of Federal Candidate KURT, SCHRADER, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 05 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OR
Calendar Year-To-Date Per Election for Office Sought		154422.79	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	5162.90

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Gayle, Atteberry, , ,

[Electronically Filed]

Date

MM / DD / YYYY
10 / 29 / 2016

Signature